

**APPLICATION FOR BOARDS, COMMISSIONS, COMMITTEES
OF THE CITY OF DICKINSON**

Please type or print information

NAME _____

HOME ADDRESS _____

PHONE NUMBER AT HOME: _____

OCCUPATION _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

PHONE NUMBER AT BUSINESS _____

E-MAIL ADDRESS TO RECEIVE CORRESPONDENCE FROM CITY:

CELL NUMBER _____

PAGER _____

LENGTH OF RESIDENCY IN DICKINSON _____

EDUCATION: HIGH SCHOOL _____

COLLEGE _____

TRADE SCHOOL _____

ORGANIZATION MEMBERSHIPS:

NAME OF BOARD, COMMISSION OR COMMITTEE APPLYING
FOR: _____

AREAS OF SPECIAL INTEREST IN CITY:

1. _____

2. _____

3. _____

OTHER BOARDS, COMMISSION OR COMMITTEES OF THE CITY YOU ARE
NOW SERVING ON: _____

SIGNATURE: _____ DATE: _____